## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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ATTORNEY DOCKET NO. 0717-0513P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DISPLAY SUBSTRATE ACCOMMODATING TRAY AND APPARATUS AND METHOD FOR REMOVING THE DISPLAY SUBSTRATE

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insert Title:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
|                                                | the specification of which is attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If not attached hereto,                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
| Fill in Appropriate                            | the specification was filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | as                                                                                                                                                                                                                                                                                                               |
| Information - For Use                          | United States Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | ····                                                                                                                                                                                                                                                                                                             |
| Without                                        | and amended on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                                                                                                                                                                                               | ( if applicable); and/or                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                  |
| Specification<br>Attached:                     | the specification was filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           | ······································                                                                                                                                                                                                                                                                                                           | as PCT                                                                                                                                                                                                                                                                                                           |
|                                                | International Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | ; and was                                                                                                                                                                                                                                                                                                        |
|                                                | amended on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (if applicable)                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
|                                                | I hereby state that I have reviewed and use any amendment referred to above.  I acknowledge the duty to disclose inform \$1.56.  I do not know and do not believe the sthereof, or patented or described in any primprior to this application, that the same was not application, that the invention has not been application in any country foreign to the Un more than twelve months (six months for do not this invention has been filed in any country representatives or assigns, except as follow.  I hereby claim foreign priority benefit or inventor's certificate listed below and have a filing date before that of the application of                | same was ever known or use the publication in any count in public use or on sale in patented or made the suited States of America on a esigns) prior to this applicantry foreign to the United St. under Title 35, United St. we also identified below an | p patentability as defined in Title 3 sed in the United States of Amerintry before my or our invention in the United States of America respect to an inventor's certificate an application filed by me or my lation, and that no application for States of America prior to this states Code, §119 (a)-(d) of any foreign application for patent | 7, Code of Federal Regulations, ica before my or our invention thereof or more than one year nore than one year nore than one year prior to this issued before the date of this legal representatives or assigns patent or inventor's certificate application by me or my legal preign application(s) for patent |
| Insert Priority                                | Prior Foreign Application(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | Priority Claimed                                                                                                                                                                                                                                                                                                 |
| Information:                                   | 2002-223093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Japan                                                                                                                                                                                                                                                     | <b>July 31, 2002</b>                                                                                                                                                                                                                                                                                                                             | _ 🛛 🗇                                                                                                                                                                                                                                                                                                            |
| (if appropriate)                               | (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Country)                                                                                                                                                                                                                                                 | (Month / Day / Year Filed)                                                                                                                                                                                                                                                                                                                       | Yes No                                                                                                                                                                                                                                                                                                           |
|                                                | Ol al a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           | 0.115.17                                                                                                                                                                                                                                                                                                                                         | _ 0 0                                                                                                                                                                                                                                                                                                            |
|                                                | (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Country)                                                                                                                                                                                                                                                 | (Month / Day / Year Filed)                                                                                                                                                                                                                                                                                                                       | Yes No                                                                                                                                                                                                                                                                                                           |
| Insert Provisional Application(s):             | I hereby claim the benefit under Title 35, Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed States Code, §119(e) of                                                                                                                                                                                                                                | any United States provisional app                                                                                                                                                                                                                                                                                                                | lication(s) listed below.                                                                                                                                                                                                                                                                                        |
|                                                | (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | (Filing Date)                                                                                                                                                                                                                                                                                                    |
|                                                | (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                            | (Filing Date)                                                                                                                                                                                                                                                                                                    |
|                                                | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
| Insert Requested Information: (if appropriate) | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Application Number                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  | ate of Filing (Month / Day / Year)                                                                                                                                                                                                                                                                               |
| Insert Prior U.S.                              | I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application: |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |
| Application(s):                                | (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Filing Date)                                                                                                                                                                                                                                             | (Status - pater                                                                                                                                                                                                                                                                                                                                  | ted, pending, abandoned)                                                                                                                                                                                                                                                                                         |
| Page 1 of 2                                    | (Application Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Filing Date)                                                                                                                                                                                                                                             | (Status - pater                                                                                                                                                                                                                                                                                                                                  | ted, pending, abandoned)                                                                                                                                                                                                                                                                                         |

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

YOU MUST COMPLETE THE FOLLOWING: Fuli Name of First or INVENTOR'S SIGNATURE DATE\* GIVEN NAME FAMILY NAME Sole Inventor: Insert Name of Inventor 2003/5/20 Yoshizana Takenori YOSHIZAWA Takenor; Insert Date This Document is Signed CITIZENSHIP Residence (City, State & Country) Insert Residence Tsu-shi, Mie Japan Japan Insert Citizenship MAILING ADDRESS (Complete Street Address including City, State & Country) Insert Mailing Ishindenhirano, Tsu-shi Mie 514-0111 Japan Address INVENTOR'S SIGNATURE GIVEN NAME FAMILY NAME DATE\* Full Name of Second Inventor, if any: CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) DATE\* GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE Full Name of Third Inventor, if any Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DATE\* Full Name of Fourth Inventor, if any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) INVENTOR'S SIGNATURE DATE \* Full Name of Fifth GIVEN NAME FAMILY NAME Inventor, if any CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) Page 2 of 2 (Revised 01/02) DATE OF SIGNATURE